

OFFICE OF THE INSURANCE COMMISSIONER 311 W. Washington Street, Suite 300 Indianapolis IN 46204-2787

APPLICATION FOR LICENSE AS A VIATICAL SETTLEMENT PROVIDER State Form XXXOOO (8/99)

TYPE OR PRINT INFORMATION INCLUDE CHECK/MONEY ORDER FOR \$1,000 PAYABLE TO "INDIANA DEPARTMENT OF INSURANCE"

Application is hereby made for issuance of a license as a Viatical Settlement Provider in the State of Indiana

1.	Name of Applicant:
2.	Federal Tax ID Number:
3.	Address of Indiana office (if any):
4.	Principal place of business of the applicant, if other than above: (a) Address of location:
	(b) Mailing address:
5.	Type of organization: (corporation, partnership, LLC, etc.)
6.	If incorporated:
	a. Specify state and date of incorporation:
	b. Identify all shareholders holding 10% or more of the voting securities:
	c. Identify the members of the board of directors:
	d. Identify the officers of the corporation:

	e. f. g.	Attach a certified copy of Attach a certified copy of Attach a certified copy of	of the Art	icles of Incorporation ar	nd any amendments		
7.	If a a.	a Partnership: Identify each partner and any investor holding a 10% or greater interest:					
	b.	Attach a copy of the Pa	rtnership	Agreement and any ar	nendments thereto.		
8.	If a	n Association:					
	a.	Identify each member and any investor holding a 10% or greater interest:					
	b.	Identify the trustees and/or members of the board of directors:					
	C.	Attach a copy of the Art	icles of A	Association and any am	endments thereto.		
9.	rela	t the parent, subsidiary, a ationship of the applicant ndiana. Identify the entity	to them.	Identify any affiliate that	at is an insurance co		
10.	List the states in which the applicant is, or at any time was, licensed or engaged in the business of viatical settlements.						
	Sta	te	_	From-To		Status	
			-				
			-				
			-				
			-				
			-				

11.	List all business licenses from any federal or state governmental agency held or applied for by the applicant and any owner, partner, officer, director, trustee, or member of the applicant or any entity that controls the applicant. "Owner" means an individual with a 10% or greater beneficial ownership.						
	State	Type of License/Number	From-To	Status			
12.	trustee, or member of t of, or is the applicant, a director, trustee, or me	entity that controls the applic he applicant or any entity tha any entity that controls the ap mber of the applicant or any on the applicant or not ad	t controls the applicant ev plicant, or any owner, part entity that controls the app	er been convicted ner, officer,			
	"Owner" means an individual with a 10% or greater beneficial ownership. "Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. "Convicted" includes, but is not limited to, have been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendre, or having been given probation, a suspended sentence or a fine.						
	YES	NO					
	a) a written statement eb) a copy of the charging	must attach to this applicatio explaining the circumstances and document; and document which demonstrate	of each incident;	arges or any final			
13.	Has the applicant, any entity that controls the applicant, or any owner, partner, officer, director, trustee, or member of the applicant or any entity that controls the applicant ever been involved in an administrative proceeding regarding any professional or occupational license?						
	"Owner" means an individual with a 10% or greater beneficial ownership. "Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude termination due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.						
	YES	NO					
	a) a written statement i	must attach to this applicatio dentifying the type of license		stances of each			
		of Hearing or other documen	nt that states the charges a	and allegations;			
	and c) a copy of the official judgment.	document which demonstrate	es the resolution of the ch	arges or any final			

14.	Is the applicant, any entity that controls the applicant, or any owner, partner, officer, director, trustee, or member of the applicant or any entity that controls the applicant a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?					
	"Owner" means an individual with a 10% or greater beneficial ownership.					
	YESNO					
	If you answer yes, you must attach to this application: a) a written statement summarizing the details of each incident; b) a copy of the Petition, Complaint, or other document that commenced the lawsuit or arbitration; and c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.					
15.	Has the applicant, any entity that controls the applicant, or any owner, partner, officer, director, trustee, or member of the applicant or any entity that controls the applicant ever been subject to a bankruptcy proceeding?					
	"Owner" means an individual with a 10% or greater beneficial ownership.					
	If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.					
	YESNO					
16.	Attach a copy of the applicant's most recent financial and operating statements in accordance with 760 IAC 1-61-4(d)(g).					
17.	 Attach copies of all documents filed with the Securities and Exchange Commission or any state securities regulator. 					
18.	Provide a detailed plan of operations for the applicant's business.					
	a. List all institutions with which the applicant has escrow and trust agreements, indicating the balance in each account. Identify any such institution with which the applicant has an affiliation, other than as a depositor.					
	Institution SS or Federal ID# Address					
	b. Attach a copy of all escrow and trust agreements.					

19.	Describe the advertising a	and distribution system to be	used by the applicant.	
20.	Describe marketing techni	iques to be used by the appl	icant.	
21.	Describe the applicant's n	narketing training program.		
22.		n the applicant will contract for ervicing of viatical settlement		on with the
	Facility	Address	Telephone No.	Type of Service To be Offered
23.	Provide the name, addres application. Name: Address:	s, and telephone number of	the person to be conta	cted regarding this

24. Provide a business character report for each owner, partner, officer, director, trustee, or member of the applicant or any entity that controls the applicant.

"Owner" means an individual with a 10% or greater beneficial ownership.

Character reports are available from firms such as DAC, Equifax, Owens Online or Proudfoot. Regardless of their source, the report must verify employment, education, and military service for the past ten (10) years. Litigation, criminal, UCC, and bankruptcy records must be searched for seven (7) years. At least one business character reference must be obtained for each individual such as an attorney, partner, or other business associate familiar with the business dealings of the individual. Supervisors or co-workers are not acceptable references.

The undersigned hereby swears and affirms that the foregoing statements and information regarding the applicant and the contents of all the attachments hereto, and the contents thereof, are true to the best of his/her knowledge, information and belief.

			Signature
			Typed or Printed Name
			Relationship to Applicant
State of)	\	
County of))ss:	
Sworn before me this day of			,·
, Notary	y Publi	C.	
My Commission Expires:			